

Psychological response to illness

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Plan

- Stress associated with illness
- Common coping strategies
- Individual factors which shape people's response to illness
- Illness related factors
- Psychiatric disorders in the medically ill

Stress associated with illness

- Major health problems are stressful
- Stressfulness dependent upon an individual's perception of illness
- No clear separation between “normal” and “abnormal” psychological reaction to illness

Eliciting beliefs

- Do you have any worries or concerns about your illness?
- Is there anything you're not sure of?
- Is there anything that you're really worried about?

Hospitalisation

- Privacy
- Independence
- Social support
- Invasive and unpleasant medical procedures
- Many different people involved with one person's care
- Abstinence from smoking and alcohol

Coping strategies

- Seeking information
- Seeking practical and social support
- Learning new skills
- Developing new interests
- Helping others

Emotion focused coping

- Sharing feelings and concerns about illness
- Expressing anger or other distressing feelings in an appropriate way
- Managing loss
- Gaining emotional support
- Giving up idealised hopes of recovery

Less helpful coping strategies

- Hoping the condition will just disappear
- Denial
- Obsessively focusing on minute details of the disorder
- Seeking others to blame

Individual Factors

- Personality traits (e.g. tendency to worry about illness)
- Prior experience of illness within a family
- An individual's psychological state at the time of the illness
- Previous experience of trauma, or a neglected or abusive childhood

Identifying personal factors

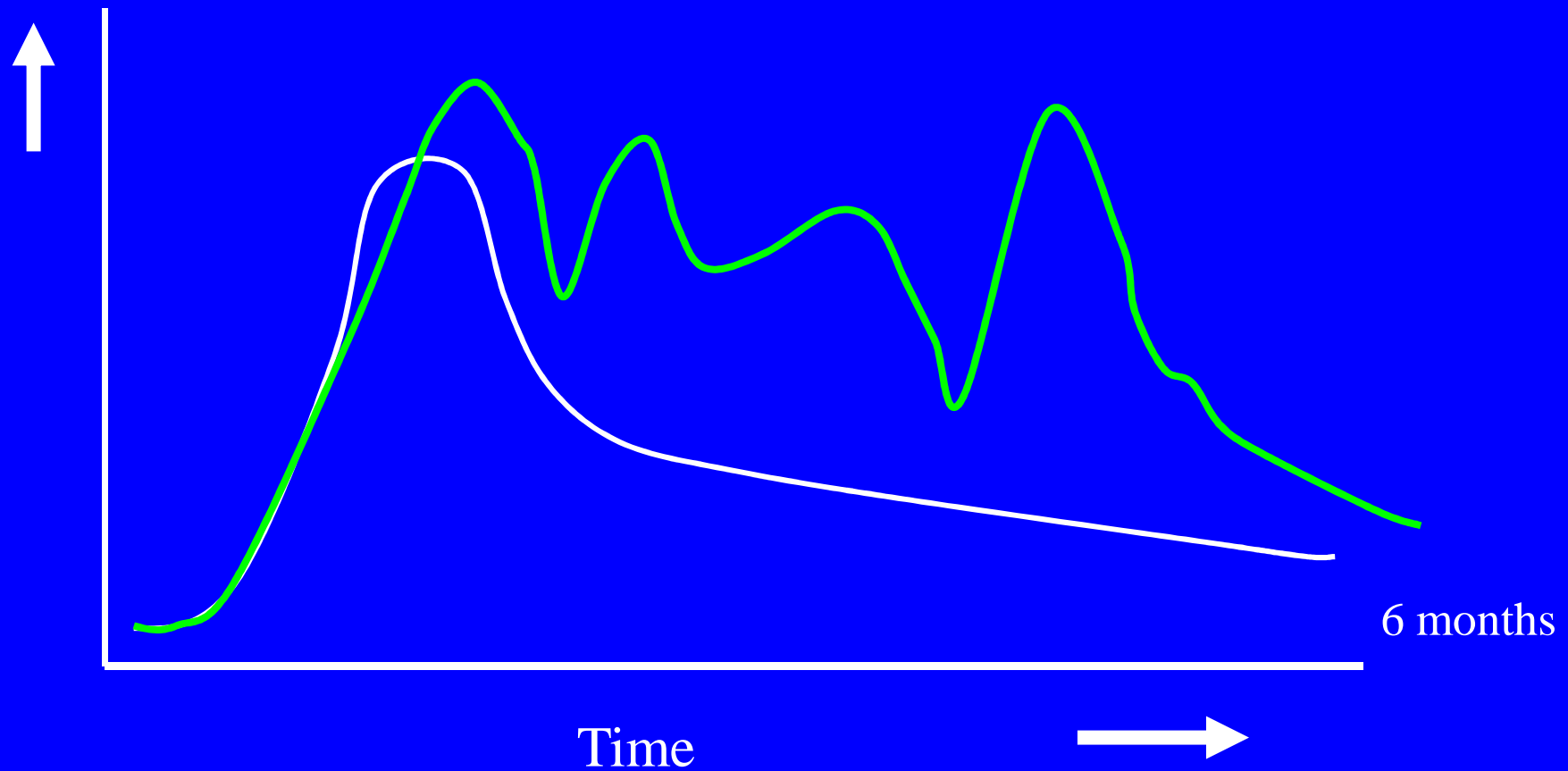
- What was this person like before the illness?
- Is there a history of serious illness in the family?
- Was this person suffering from psychiatric illness when the physical condition began?
- Is there any evidence of a difficult or abusive childhood?
- Any other major problems?

Factors related to illness

- Acute
- Chronic
- Life threatening
- Terminal

Psychological Adjustment to Physical Illness

Emotional distress



Carers

- Demands upon family members may be onerous
- Elevated rates of depression in carers
 - Patients with cancer or stroke
- Lead from government (Caring about Carers, 1999).

Adherence

- Entering into a continuing treatment programme
- Keeping referral and follow-up
- Taking medication correctly
- Following recommended lifestyle changes

Psychiatric problems in the medically ill

Psychiatric problems

- Depressive disorders
- Anxiety states
- Sexual problems
- Alcohol problems

Depressive symptoms

- **Mood and motivation**
 - Persistent low mood
 - Diminished interest or pleasure
 - Social withdrawal
 - Loss of energy

Depressive symptoms

Cognitive changes

Depressive thoughts,

Worthlessness,

Self blame

Suicidal wishes,

Hopelessness

Depressive Symptoms

Biological symptoms

Poor appetite,

Weight loss,

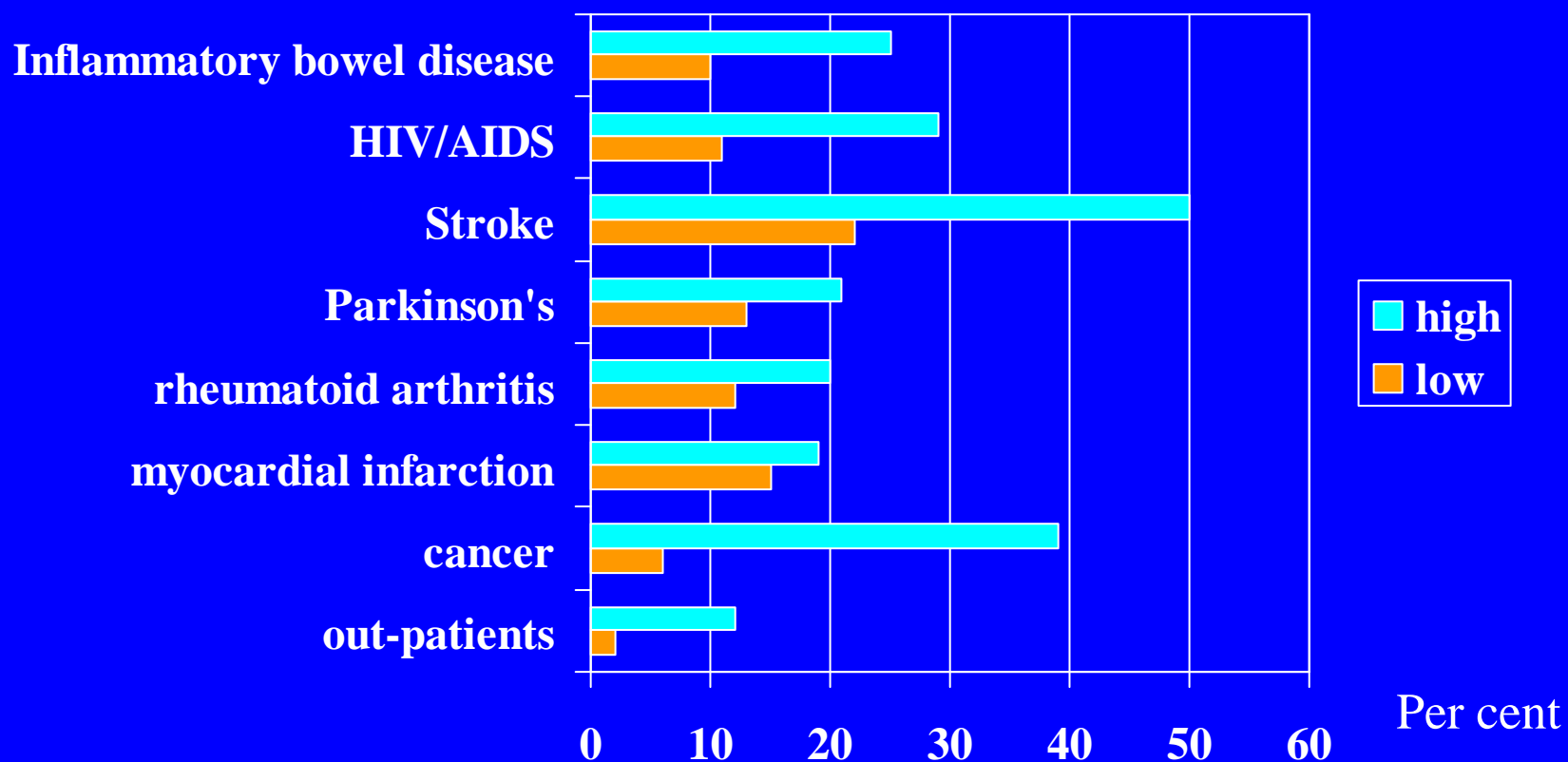
Sleep disturbance,

Poor concentration,

Decreased sex drive,

Retardation or agitation

Prevalence of psychiatric disorder in different organic conditions (bars show the highest and lowest recorded rates)



Prospective Longitudinal Cohort Study of Anxiety and Depression in Medical In-Patients

Acute medical
in-patients (n=263)



Follow-up 5
months later (n=218)



Psychiatric diagnosis

Health Status-SF-36

Duke Severity of Illness
Scale

Karnofsky Performance
Status Scale

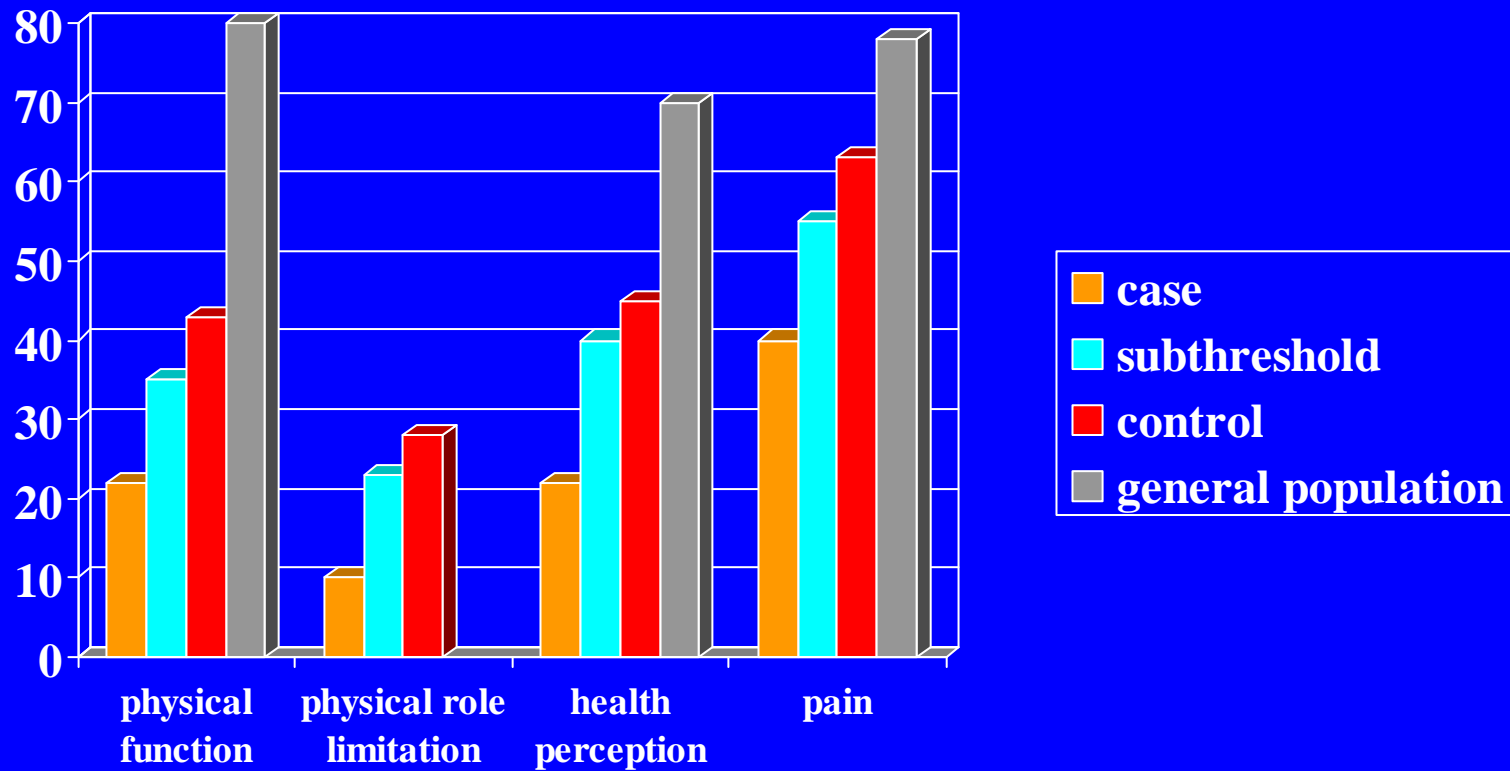
Health care costs

Creed et al, Psychosomatics;
43:302-309

Prevalence of psychiatric disorder

- 27% of acute medical in-patients had diagnosable depressive or anxiety disorders
- A further 41% had sub-threshold disorders

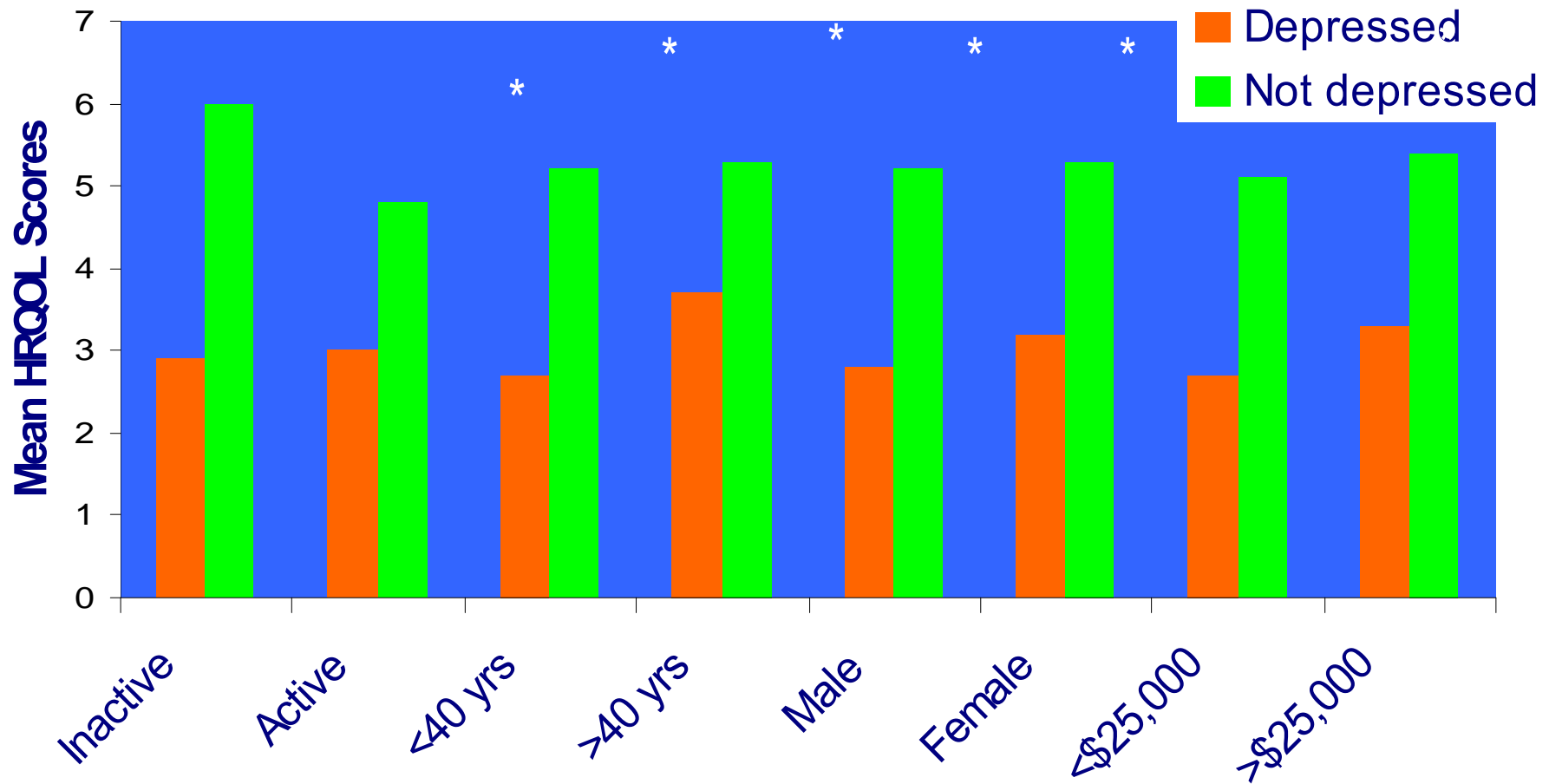
Mean SF36 scores for physical dimensions at 5 months follow-up, adjusted for severity of illness



Main findings

- Patients with depression and anxiety had significantly lower quality of life than controls
- Recovery from depression following discharge was very unlikely
- Costs incurred by patients who were depressed were higher than controls, but there was no effect on length of stay

Mean HRQOL in CD by Depression



Anxiety states

- Panic disorder
- Agoraphobia
- Generalised anxiety disorder
- Specific phobia
- Social phobia
- Obsessional compulsive disorder
- Post-traumatic stress disorder

Sexual problems

- Common
- 35-40% diabetic males report sexual problems
- Caused by:
 - the condition itself
 - Effects of drugs and other physical treatments
 - Psychological sequelae of the condition
 - Co-existing psychiatric disorder

Sexual problems

- Enquiry
- Know something about the patient and their circumstances before asking
- Detailed enquiry not necessary
- One or two relevant screening questions
- Enquire in a matter of fact but sensitive way

Summary

- Major health problems cause worry and distress.
- The stressfulness of an illness depends upon the patient's perception of the illness
- People react and cope in different ways.
- Most people, given time, develop adaptive ways to manage illness

Summary

- Psychiatric disorders are twice as common in medical patients than in the general population
- Approximately one quarter of patients admitted to hospital develop depressive disorders which are severe enough to require medical treatment
- Psychiatric disorder in the physically ill is often missed
- If untreated, depression results in increased morbidity, poor physical function and increased health care costs.
- Improved psychological medicine services for patients whilst in hospital would ensure better detection and treatment of such problems.